

Name  
in  
Full

## CERTIFICATE OF DEATH

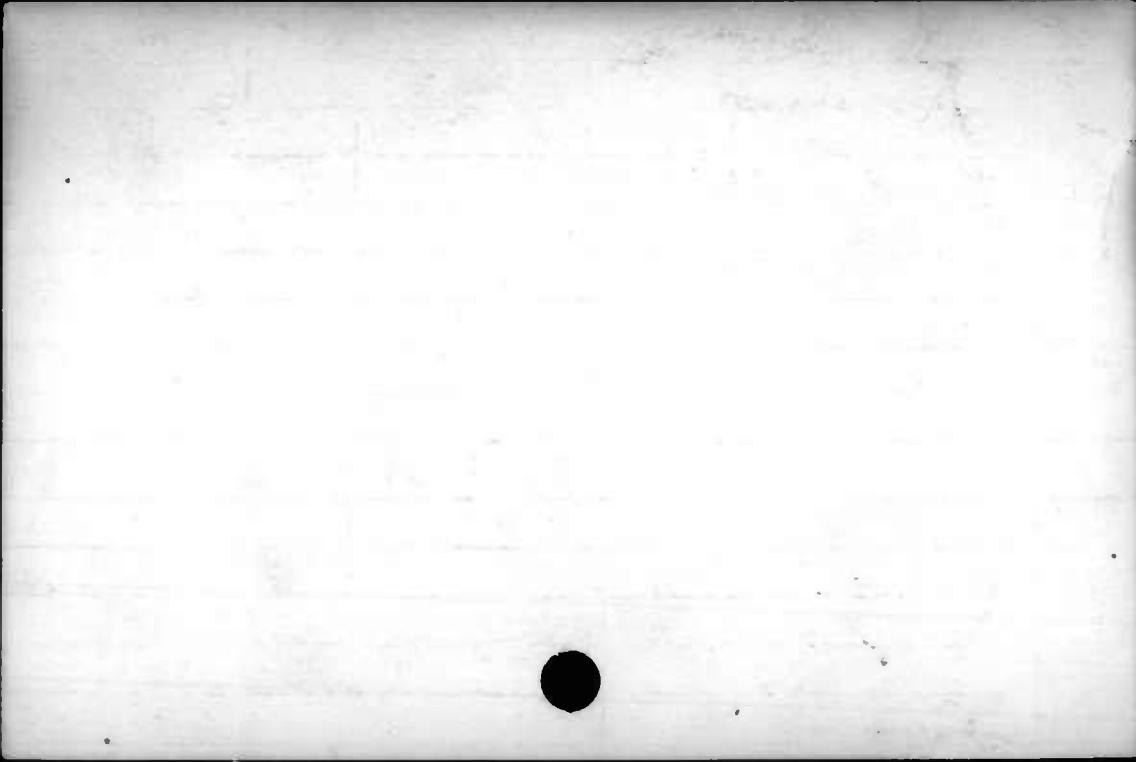
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>14</i>	Age <i>51</i>	Years	Months <i>8</i>	Days	
Sex		Color or Race		Birth-place			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Joshua Shockley</i>				Father's Birthplace			
Mother's Maiden Name <i>Granny M. Shockley</i>				Mother's Birthplace			
Name of person giving information <i>Ida M. Hitch</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>179.</i>	
		Address	
Accident or Suicide?			



Name  
in  
Full

Mrs Phetty Baker

## CERTIFICATE OF DEATH

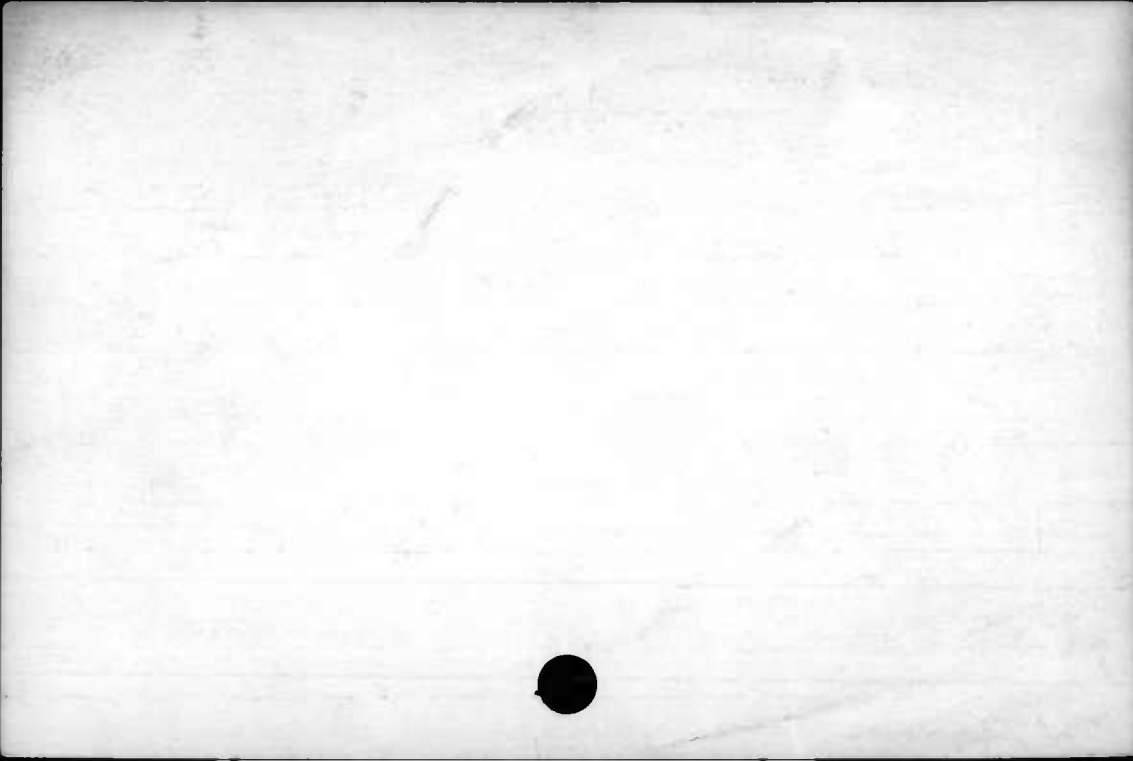
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>54</i>	Years <i>—</i>	Months <i>—</i>
Sex		Color or Race <i>White</i>		Birth-place <i>Campbell</i>	
Married, Single or Widowed <i>widow</i>		Occupation <i>house work</i>			
Name of Wife or Husband					
Father's Name <i>William Clunck</i>			Father's Birthplace <i>dist no</i>		
Mother's Maiden Name <i>Martney Clunck</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs Charles Burbage</i>			How related to deceased <i>Slaughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cold Pneumonia 93</i>	How long
Immediate <i>Collophoe of lung</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ebe Holland</i>
	Address <i>Berlin Md</i>



Name  
in  
Full

Liza Burnett

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Giddletown*<sup>County</sup> *Foraker*

MARYLAND

Date

of death 190

3

Month

2

Day

9

Age

Years

67

Months

Days

Sex

*Female*Color or  
Race*Black*Birth-  
place*Maryland*Married, Single  
or Widowed*Single*

Occupation

*Cook*Name of Wife or  
Husband*\_\_\_\_\_*Father's  
Name*do not know*Father's  
Birthplace*do not know*Mother's  
Maiden Name*Rutha Burnett*Mother's  
Birthplace*La.*Name of person giving  
information*Jadok Selby*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

*Pneumonia 93*

How long

*3 Weeks*

Immediate

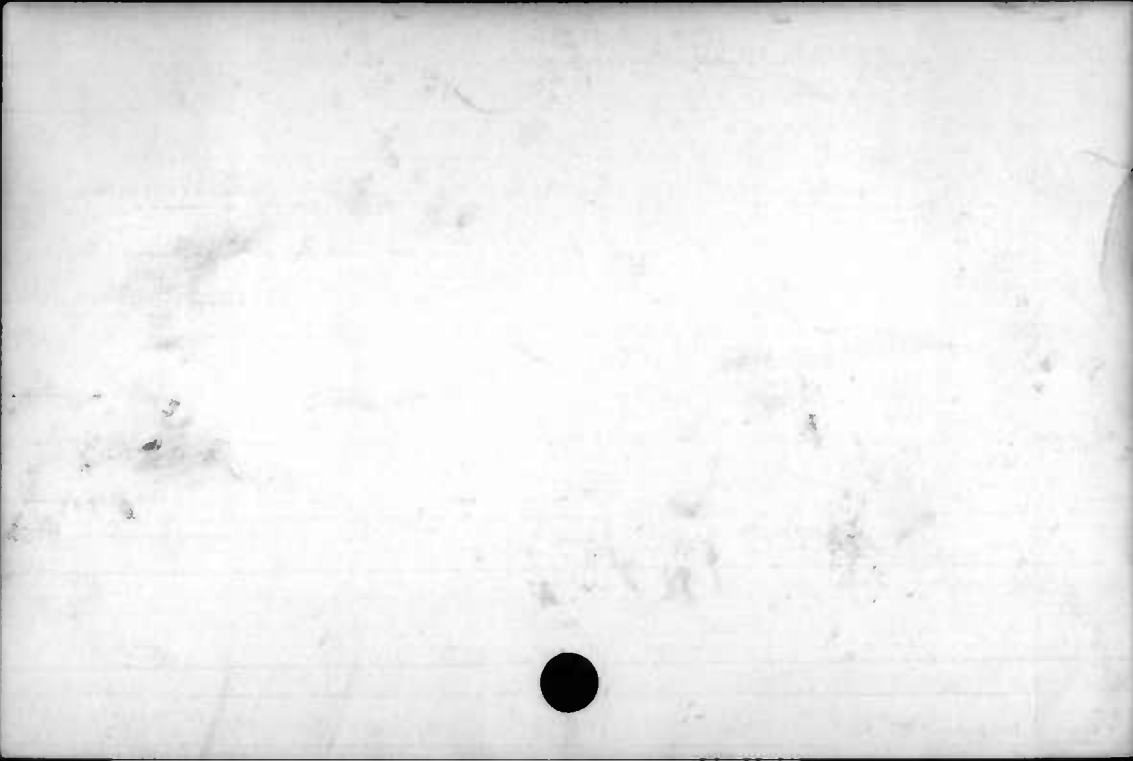
*Heart Exhaustion*

How long

*About 24 hours.*Are the name, age, sex, color, date  
and place correctly given above?*do not know*Signature of  
Physician*C. S. Burnett, M.D.*

Address

*Giddletown, Ind.*Accident or Suicide? *\_\_\_\_\_*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Elizabeth A. Bonner

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Feb 24

Age

74

Worcester

Domestic

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

Five

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Erysipelas

10

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. J. Bonner

Address

Worcester, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72892





Name  
In  
Full

*Sammuel Bunting*

CERTIFICATE OF DEATH

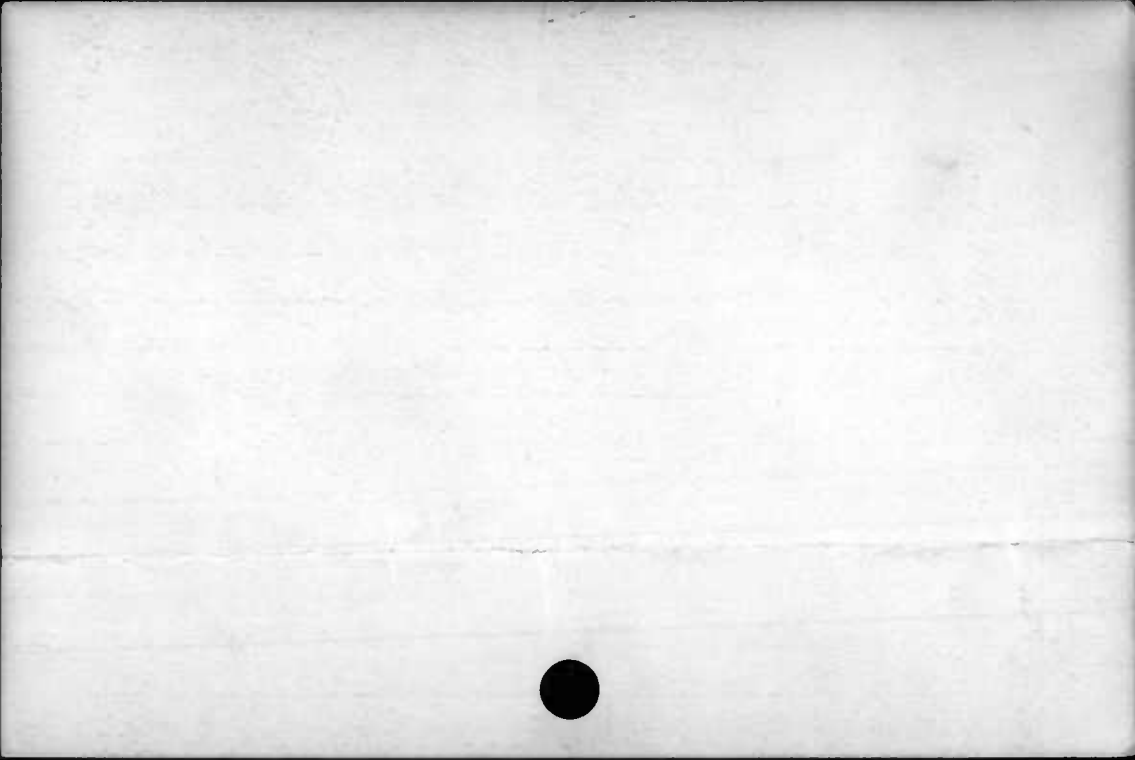
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brishville</i>		Town		<i>nowhere</i>		County		MARYLAND	
Date of death 1903		Month <i>Feb</i>		Day <i>2</i>		Age		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Franklin</i>		Months		Days	
Married, Single or Widowed <i>Married</i>		Occupation <i>Carpenter</i>							
Name of Wife or Husband <i>Married</i>									
Father's Name <i>John Bunting</i>		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		79		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>		How long	
Immediate <i>Consumption</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. C. Collins</i>	
		Address <i>Brishville</i>	
Accident or Suicide? <i>No</i>		<i>By Raymond Brishville and Maryland</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

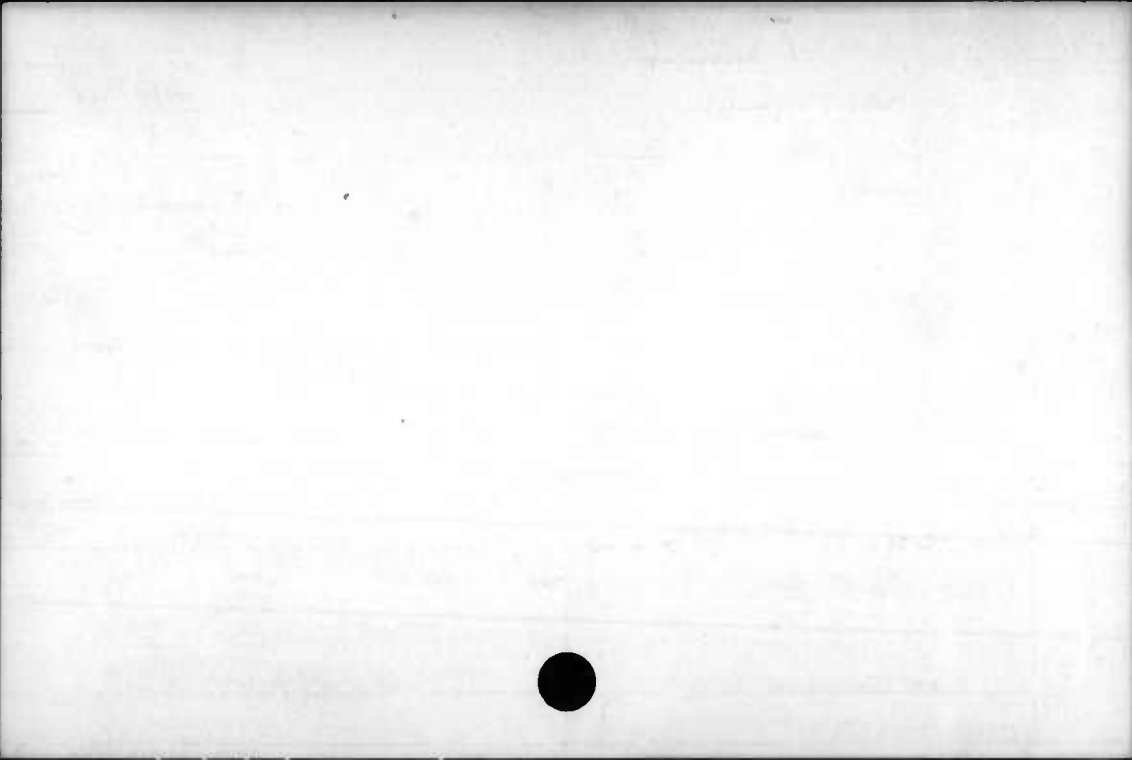
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shawville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>20</i>	Age	Years	Months <i>6</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>George Christopher</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rose McCabe</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Painter Watson</i>			How related to deceased		

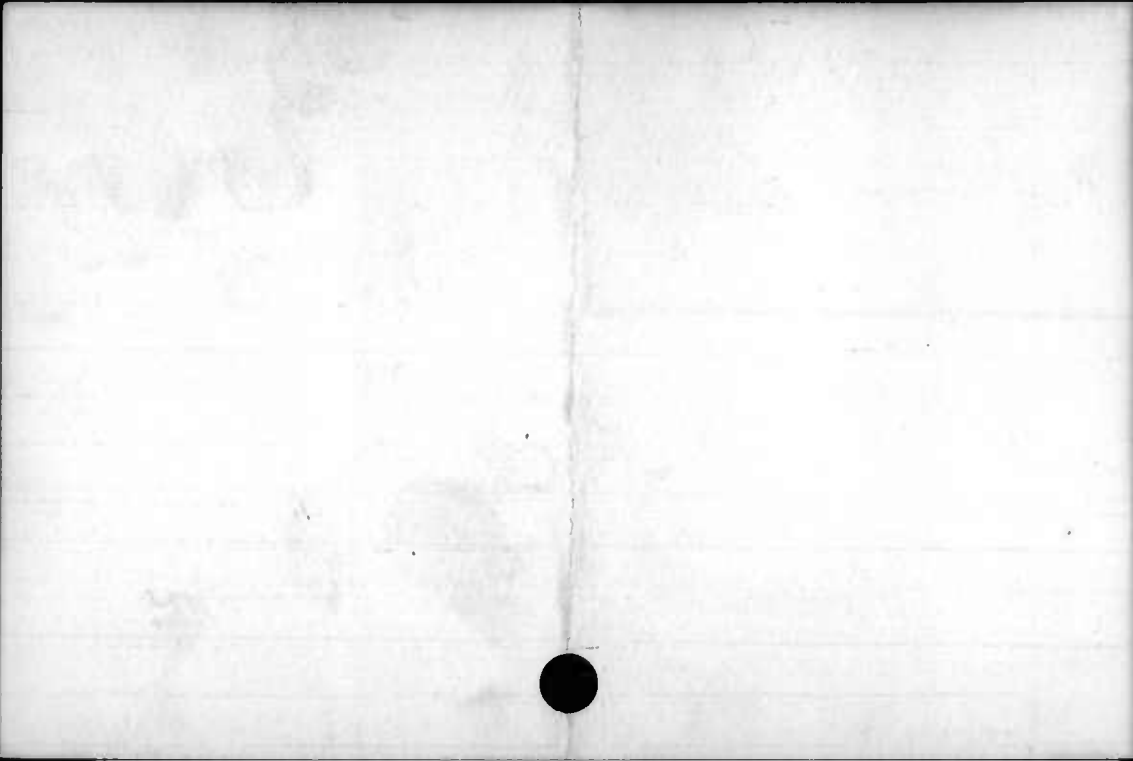
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Brown Pustules</i>	How long	<i>90</i>
Immediate		How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Hollins P. Collins</i>	
		Address <i>Bethesda Md.</i>	
Accident or Suicide?			



Name in Full		Nancy Evans				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Guthrie</u> Town		<u>Grochester</u> County		MARYLAND		
		Date of death 190 <u>3</u>		Month <u>2</u>	Day <u>20</u>	Age <u>64</u> Years	Months <u>7</u>	Days <u>0</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place		
		Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>				
		Name of Wife or Husband <u>George Evans Sr.</u>						
		Father's Name					Father's Birthplace	
		Mother's Maiden Name					Mother's Birthplace	
		Name of person giving information <u>George Evans Sr.</u>					How related to deceased <u>Husband</u>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Sarcoma</u>		<u>45</u>		How long <u>About 1 year</u>		
		Immediate <u>Do not know (Geo out there)</u>				How long <u>      </u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. H. Bennett, M.D.</u>				
		<u>Guthrie</u>		Address <u>Grochester, Co., Md.</u>				
		Accident or Suicide?						



Name

in  
Full

## CERTIFICATE OF DEATH

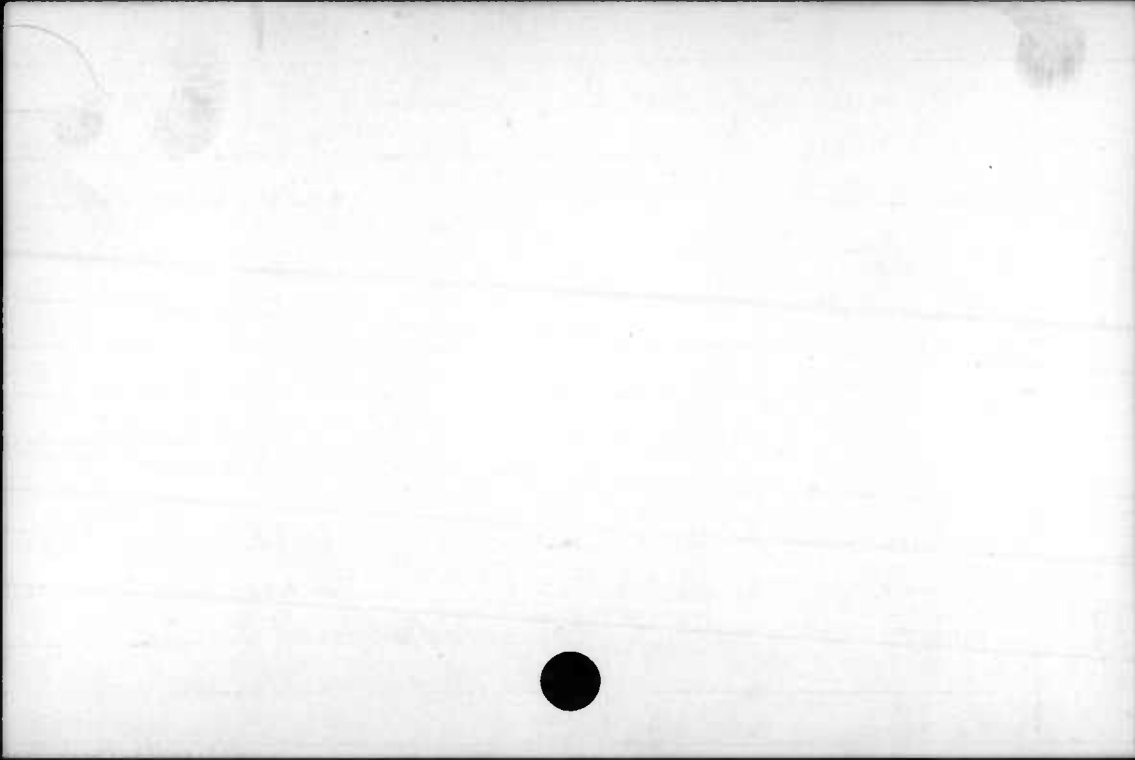
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shoreville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>19</i>	Age <i>44</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>No</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>J. Henry Griffin</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Gertrude E. Anderson</i>			Mother's Birthplace		
Name of person giving information <i>J. Henry Griffin</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>A complication of Disease</i>	How long	<i>2 months</i>
Immediate	<i>No</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>Dr. Rollin T. Collins</i>
		Address	<i>Bishopville</i>
Accident or Suicide?		<i>No</i>	





Name in Full

Certificate of Death

Cathell Stetch

Died at <sup>Town</sup> *Pocomoke City* <sup>County</sup> *Worcester* *MARYLAND*Date 19*03* <sup>Month</sup> *2* <sup>Day</sup> *27* <sup>Y.</sup> *35* <sup>M.</sup> *35* <sup>D.</sup> *35* <sup>Native of</sup> *Md* <sup>Occupation</sup>  *Clerk*

Male

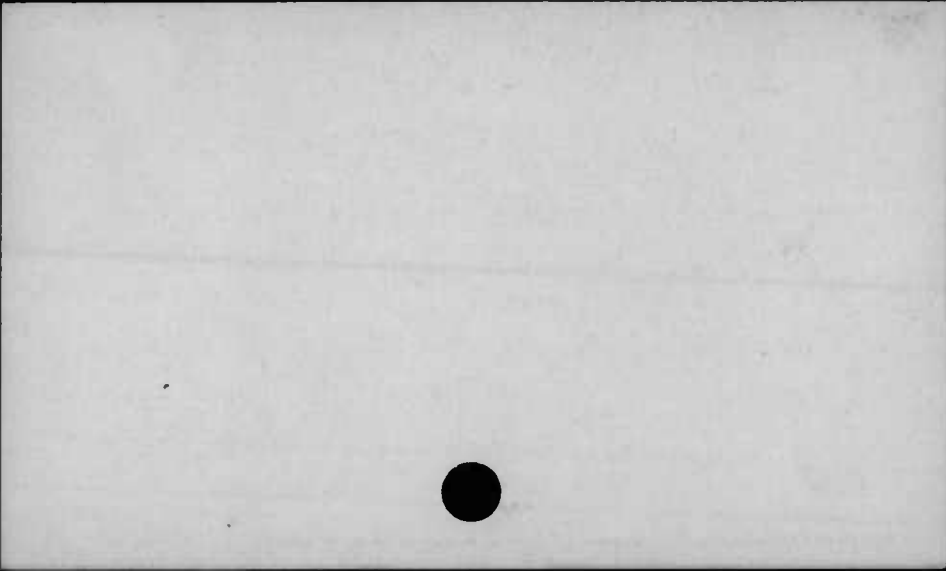
White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of~~Wife~~Father's Name *Joshua L. Stetch* Mother's Maiden NameCause of Death { Primary *Tuberculosis* Immediate *Asthma* } How long sick *About 4 years* *27* ~~Accident, Suicide, Homicide~~Reported by *John Stetch*Address *Pocomoke City, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *New Bishopville*

Town

*Worcester*

County

MARYLAND

Date  
of death 1903

Month

*Feb*

Day

*19*

Years

Age

*35*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Maryland*Married, Single  
or Widowed*Married*

Occupation

*House work*Name of Wife or  
Husband*David Jackson*Father's  
Name*George Beba*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Mary Beba*Mother's  
Birthplace*Maryland*Name of person giving  
In formation*David Jackson*How related  
to deceased*Half brother*

## CAUSES OF DEATH

Primary

*Neurasthenia*

How long

*6 months*

Immediate

*No*

How long

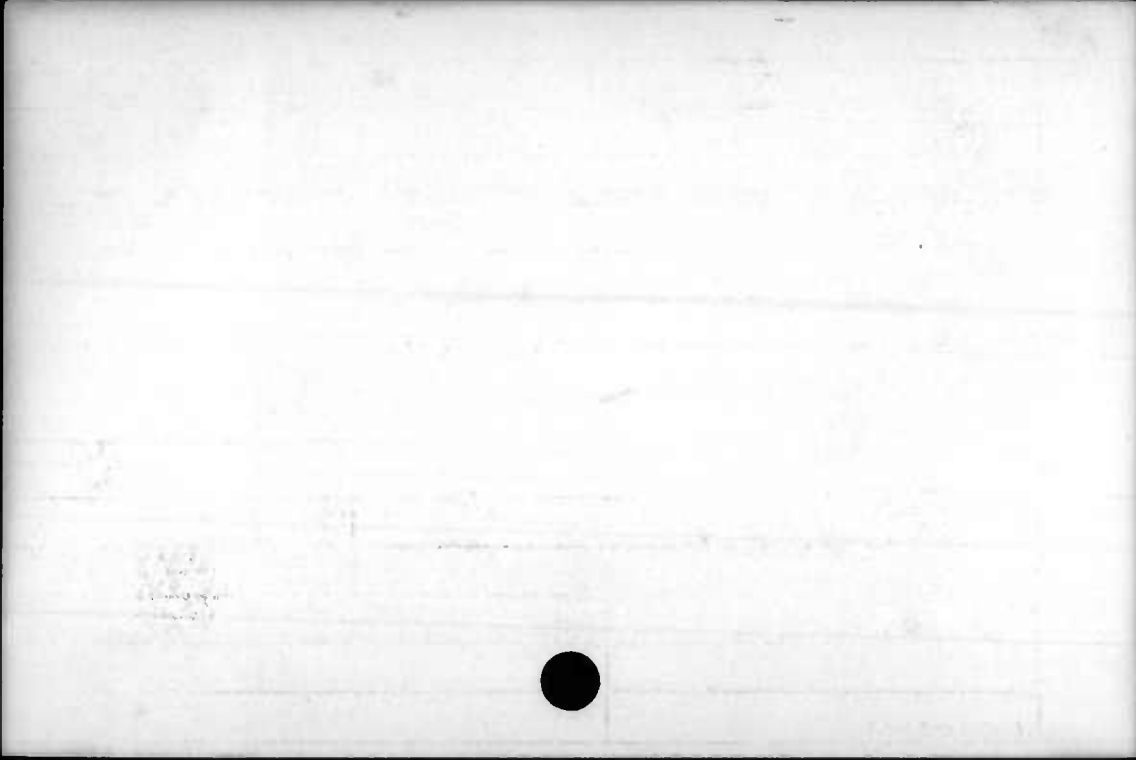
*6 months*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Dr. Rollin P. Collins*

Address

*Bishopville, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

*Florence E. James*

Town

County

Died at

*Stockton*

*Horseshoe*

MARYLAND

Date 19

*03*

Month

Day

Y.

M.

D.

Native of

Occupation

*2*

*7*

Age

*1*

*6*

*Ind*

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Geo. I. James*

Mother's

Maiden Name

*Sallie A. Wilson*

Cause of

Primary

*Pneumonia*

*93*

How long sick

Death

Immediate

*Cardiac Exhaustion*

Accident, Suicide, Homicide

Reported by

*C. H. Bunnin, Jr., D.*

Address

*Stockton*

*Horseshoe Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Name In Full *Hiram Johnson*  
 Died at *Stockton* Town *Worcester* County  
 Date 19 *03* Month *2* Day *7* Age *81* Y. M. O. Native of *Va.* Occupation *Farmer*  
 Male White Married ~~Widow~~ ~~Divorced~~ Female Colored ~~Single~~ ~~Widower~~ Number of children living *7*  
 Husband of *Sallie Sharpley*  
~~Wife~~ Father's Name *Sallie Sharpley* Mother's Maiden Name  
 Cause of Death { Primary *Apoplexy* Immediate *at* How long sick *2 1/2 hrs.*  
 Accident, Suicide, Homicide  
 Reported by *Jas. D. Dickerson, M.D.*  
 Address *Stockton Worcester Co.,*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Martha A Kelly

## CERTIFICATE OF DEATH

Died at

Droushin

County

Worcester

MARYLAND

Date

of death 1903

Month

2

Day

2

Years

Age

76

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Droushin

Married, Single  
or Widowed

Widowed

Occupation

Home keeper

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

John Kelly

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

dropsy

How long

177

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

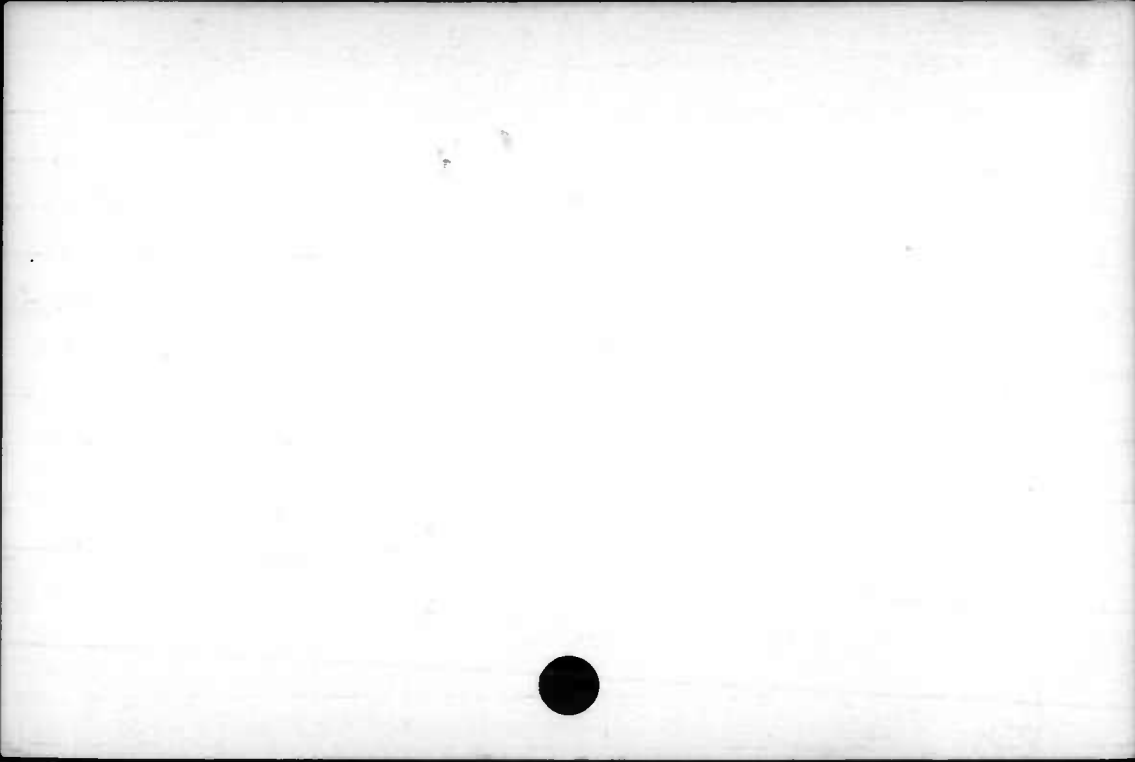
Signature of  
Physician

Address

Dr E J Drucker  
Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Parsons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Whaleyville* Town*Worcester* County

Date

of death 1903

Month

*Feb*

Day

*8*

Years

Age *76*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Maryland*Married, Single  
or Widowed*Married*

Occupation

*Housewife*Name of Wife or  
Husband*Mary Parsons Husband Name: Marshall Parsons*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information*Dr. J. H. Watson*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Consumption*

How long

*8 months*

Immediate

*No*

How long

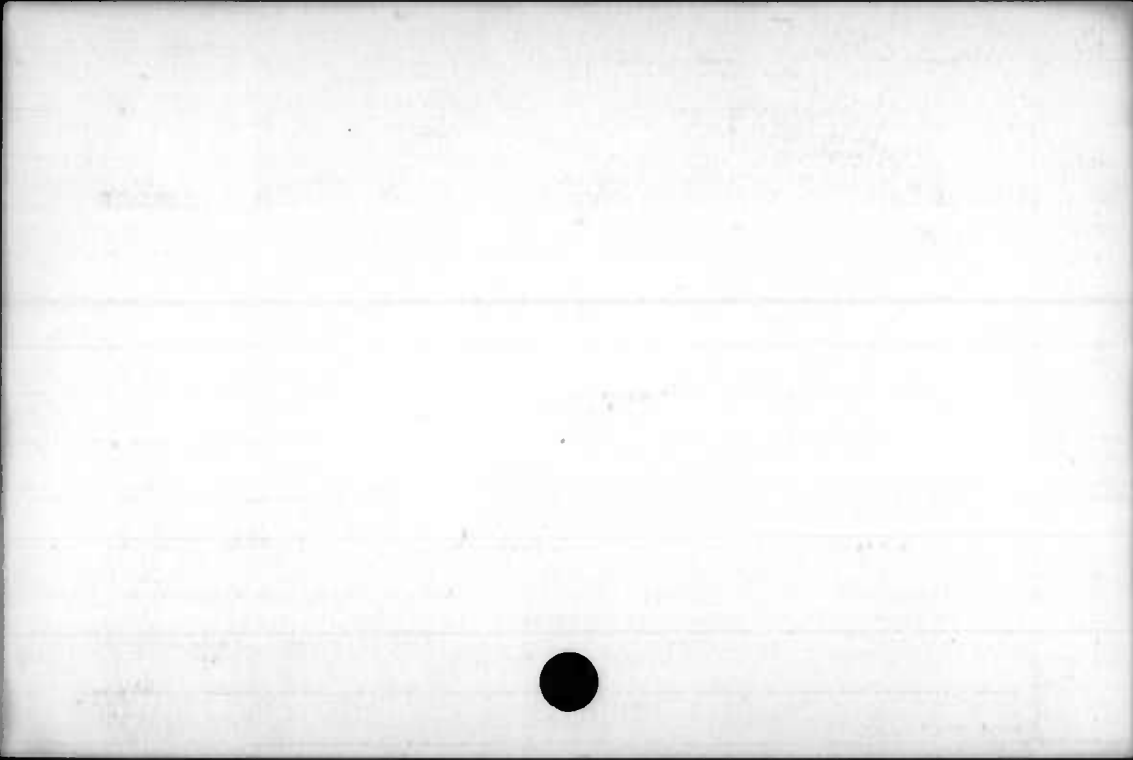
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. Hindell*

Address

*Whaleyville Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Parsonell Parsons

## CERTIFICATE OF DEATH

Town

County

Died at

Whaleyville

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Feb

14

Age

81

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

Labourer at Mill

Name of Wife or  
Husband

Mary Parsons

Father's  
Name

Robert Parsons

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Pearce Parsons

Mother's  
Birthplace

Worcester county

Name of person giving  
In formation

McIntire Watson

How related  
to deceased

## CAUSES OF DEATH

Primary

Paralytic Stroke

How long

14 months

Immediate

No

How long

18 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

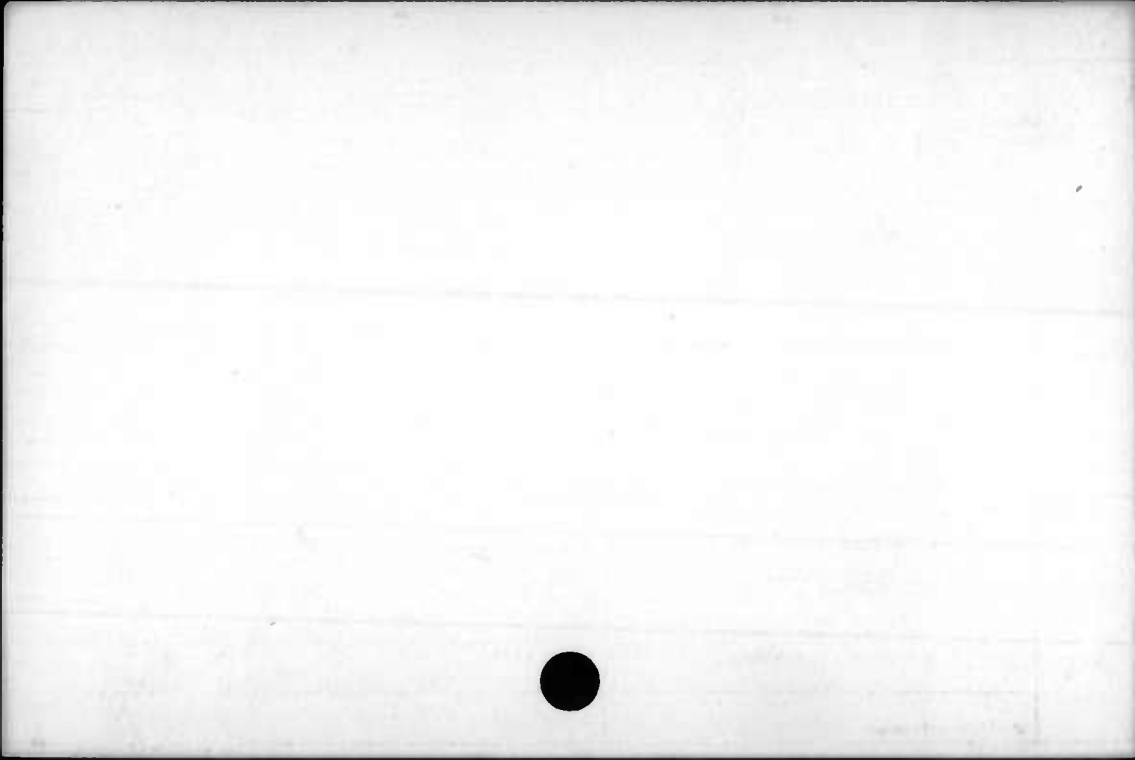
Dr. Grindall

Address

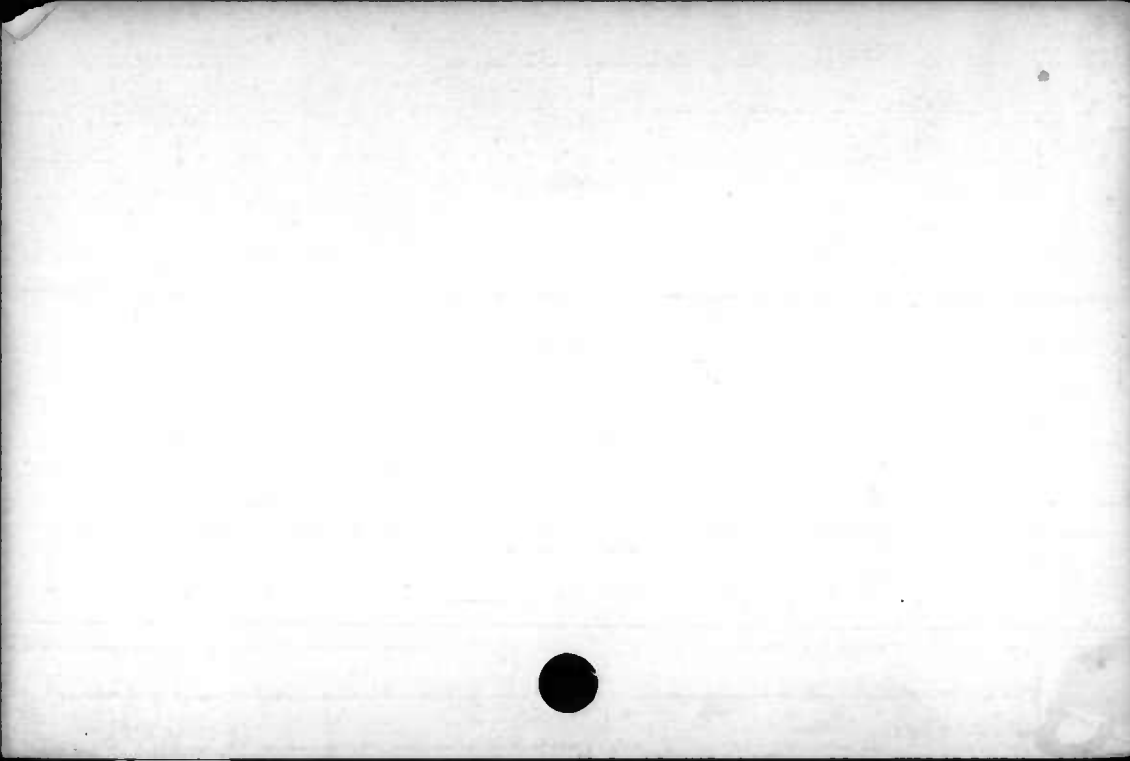
Whaleyville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near Snow Hill		Worcester		MARYLAND			
		Date of death 1903		Month 7th		Day 13.		Years 35-			
		Sex		male		Color or Race		light-			
		Married, Single or Widowed		Single		Occupation		Farmer			
		Name of Wife or Husband		Idella Purnell							
		Father's Name		George Wright				Father's Birthplace		unknown	
		Mother's Maiden Name		Gattie Waters				Mother's Birthplace		unknown	
Name of person giving Information		Thomas Purnell				How related to deceased		all his life			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				Anomorphism 27					
		Immediate				no					
		Are the name, age, sex, color, date and place correctly given above?				yes					
		Signature of Physician				H. S. Williams					
Address				Snow Hill Maryland							
Accident or Suicide?											





*Mary A Schoolfield*

Died at *Pocomoke city* <sup>Town</sup> *Worcester* <sup>County</sup>

MARYLAND

Date 19 *03* <sup>Month</sup> *Feb* <sup>Day</sup> *8* Age *40* <sup>Y.</sup> *3* <sup>M.</sup> <sup>D.</sup> *Pocomoke* <sup>Native of</sup> *Housewife* <sup>Occupation</sup>  
~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female <sup>Colored</sup> ~~Single~~ <sup>Widower</sup> Number of children living *Two*

~~Husband~~ of *Elijah J Schoolfield*  
 Wife  
 Father's Name *John H Clarke* <sup>Mother's</sup> *Mary A Jay lor*  
 Maiden Name

Cause of Death { Primary *Tuberculosis & Rheumatism* <sup>How long sick</sup> *3 months*  
 Immediate *Heart trouble* <sup>Accident, Suicide, Homicide</sup> ~~Accident, Suicide, Homicide~~

Reported by *Saml S Lunn*

Address *Pocomoke city Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Daniel L. Staton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near West</i> <sup>Town</sup>		<i>Horchester</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>23<sup>rd</sup></i>	Years <i>72</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>magistrate</i>			
Name of Wife or Husband <i>Helen</i>					
Father's Name <i>Harner Staton</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Givens</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>H. L. Staton</i>		How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

*Salisbury, Md.*PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>179</i>
Accident or Suicide?	Address

Supposed to have died with  
Pneumonia no Doctor attended  
him

Gen. C. Hill

Undertaker

Name in Full *Harriet J. Dull*  
 Town *Massawaddox* County *Horchester* MARYLAND  
 Died at *Massawaddox*  
 Date 1903 *2* Month *4* Day *75* Y. M. D. Age *75*  
 Native of *MD* Occupation *Housewife*  
~~Male~~ ☒ White ~~Married~~ ☒ Widow ~~Divorced~~ ☒  
 Female ☒ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *Henry Dull*  
 Wife of *Henry Dull*  
 Father's Name *Matt F. Trader* Mother's *Rosa Trader*  
~~Maiden Name~~ *Scott*  
 Cause of Death { Primary *Old Age* How long sick *1 year*  
 { Immediate *Heart Failure* Accident, Suicide, Homicide *152*

Reported by *Clarence Barnes*  
 Address *Pocomoke city*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Isaac Turner*  
 Died at *Peermont City - Worcester -* MARYLAND

Date 1903 *July 8* Month *July* Day *8* Age *76* Y. M. D. Native of *Ind* Occupation *Servant*  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ . Colored ~~Single~~ ~~Widower~~ Number of children living *don't know*

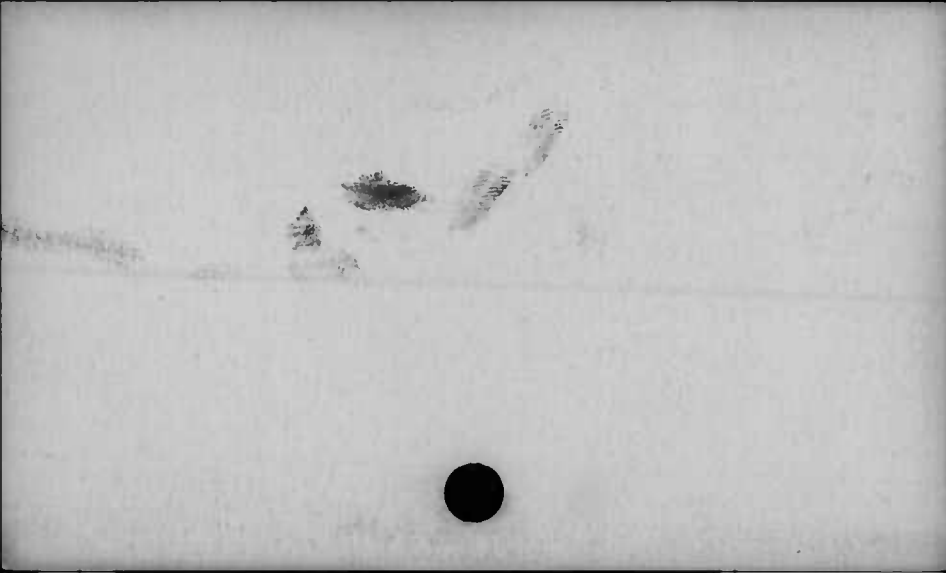
Husband of *Isaac Turner*  
 Wife *Don't know*  
 Father's Name *Don't know* Mother's Maiden Name *Don't know*

Cause of Death { Primary *asthma* How long sick *7 weeks*  
 Immediate *fractured* *97* Accident, Suicide, Homicide

Reported by *Charlie Ballou 3 Undertaker*

Address *Peermont City -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Naomi J West

Town near Palomoke City County Worcester MARYLAND

Died at near Palomoke City

Date 19 03 Month Feb Day 14 Y 72 M.  D.  Native of Illiana Occupation domestic

~~Male~~ White ~~Married~~ Widow ~~Unmarried~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 2

Husband of Widow of Philip West

Wife Widow of Philip West

Father's Name Crichton Minge Mother's Maiden Name Dont / Enon

Cause of Death { Primary Grippe with Bronchitis Immediate Weakness & Pulmonary Congestion How long sick a week Accident, Suicide, Homicide

Reported by Saml A. Loring

Address Palomoke City, Md 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

